

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/220986**
APPLICANT(S)

FILING DATE

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DER.	IND.	DER.	IND.	DER.	
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DER.	IND.	DER.	IND.	DER.	
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100						
TOTAL IND.	8					
TOTAL DER.	21					
TOTAL CLAIMS	29					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS